REPUBLIC OF GHANA

What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

NAVRONGO HEALTH RESEARCH CENTRE

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WHO'S BEHIND THE SCENES?

Dr. James F. Phillips of the Population Council has played an inconspicuous yet important part in the development of the CHFP and CHPS. *What works?…* speaks with Jim about his involvement through the years.

WW: You are an American, but you always seem to be in Navrongo. What brings you this way all the time?
JP: I first came to Navrongo in 1991. Professor Fred Sai contacted Professor George Benneh and they invited me to visit Ghana to lecture on work that we were doing in Bangladesh. Prof. Sai was very familiar with the success of the Matlab project in Bangladesh and he thought that this experimental study and its use by the Government of Bangladesh would be relevant to his own country. In the course of my brief stay, I met Dr. Moses Adibo who was then Director General of the Ministry of Health and Dr. Sam Adjei who was then head of the Health Research Unit. Both of them told me to go to Navrongo. I went, not really knowing why. I thought that Navrongo was somewhere around Kumasi. The road was terrible, and I arrived at 1:00 AM. No one in Navrongo knew why I was coming, and I was not totally sure why I was there. But, I soon learned that the Vitamin A Supplementation Trial was ending and that Fred Binka had a mandate to convert the project into a research centre. Fred talked my ear off, and we have been working together ever since.

WW: What was the Matlab project and how did it influence what you eventually decided to do in Ghana?
JP: Matlab was a project that responded to the health policy debate with research. Once results were in, this evidence was used to change the national health programme. Ghana also had a debate under way. The subject of debate was different, but it seemed to me that resources for research in Ghana would be resources well spent.

Jim Phillips—behind the scenes, but in the centre of things!

WW: What do Bangladesh and Ghana, Matlab and Navrongo, have in common?
JP: Skeptics said that nothing could work in rural Bangladesh. Fertility, in particular would be high even if family planning services were accessible. When Matlab started, the Bangladeshis' involvement soon proved that skeptics were wrong. Many said family planning would never work. But it did.

WW: What sets Navrongo and Matlab apart?
JP: Navrongo bases its services system on social institutions. In the villages, everything is either community run or carefully worked out with traditional leaders. Matlab was different. It was run as an organization that is somewhat separate from communities. Many successful programmes in Bangladesh work that way—as top-down operations. This method would fail in Ghana. The Matlab experimental approach worked in Navrongo, not because the two studies were so similar, but because the approaches were different.

WW: Ten years down the road, what is there to show that resources have been well spent?
JP: The main thing that will endure is the success of the Community-based Health Planning and Services (CHPS) Initiative. Navrongo is spreading across the country, and beyond.

WW: What if the experiment did not work?
JP: The experiment was designed to answer questions. A scientifically designed trial can never fail if it answers questions.

WW: People say Navrongo has a unique role to play in CHPS. What do you say?
JP: CHPS would lose its rudder if it were not for Navrongo and places like Nkwanta where the model is clear, communication is sound, and demonstration is continuous.

WW: What works?… notes have been conceived to guide districts in Ghana implementing CHPS, but evidence suggests that they are serving other purposes, how do you react to that?
JP: They are spreading on the World Wide Web like computer viruses!

WW: The notes contain valuable information, are you satisfied with the packaging?
JP: I like the CD-ROM version with built in video clips.

WW: You have made 47 round trips to Navrongo. The roads are certainly not as bad as they once were. But what has changed in Kassena-Nankana that can be attributed to the CHFP?
JP: Health has improved. Men have become major partners in the promotion family planning. I would not have predicted that.

WW: Can you give us some facts and figures?
JP: Papers of the Navrongo Health Research Centre show that fertility in the first three years was reduced by one birth; childhood mortality was reduced by over a third. Neonatal mortality remains tragically high. I hope that research would turn to this important problem.

WW: We are at the beginning of the end of the CHFP. What are the matters arising?
JP: What you have now is the end of the beginning not the beginning of the end. The new beginning will have to work on critical issues such as adolescent health and emergency obstetric care. There will be scaling up of the intensive service cell and examination of the impact of removing operational variance. But mainly *What works?…* will go on for years.

What does this have to do with Navrongo?

Send questions or comments to: What works? What fails?
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